

A.E.S., inc.

An Employment Source • Idaho
An Employment Solution • Washington

BELLINGHAM, WA MERIDIAN, ID POST FALLS, ID
(360) 734-8860 (208) 887-7740 (208) 777-9045

CUSTOMER NAME	
ADDRESS	
REPORT TO	TIME

I hereby certify that the hours shown hereon were worked by me during the week ending designated, and were certified by an authorized representative of the Customer. I understand I am to contact the A.E.S. office after completing this assignment to discuss another assignment, and if I do not do so A.E.S. may assume that I am not then available for work. I suffered NO work related injuries during this work week.

EMPLOYEE NAME (PLEASE PRINT)	SOC. SECURITY NUMBER
EMPLOYEE SIGNATURE	EMPLOYEE NUMBER

DAY	MONTH / DATE	TIME IN	TIME OUT	LESS LUNCH PERIOD	TOTAL HOURS
MON					
TUE					
WED					
THU					
FRI					
SAT					
SUN					
WEEK ENDING DATE (SUNDAY)	FOUR HOUR MINIMUM PER EMPLOYEE PER DAY			TOTAL HOURS FOR WEEK	

CUSTOMER APPROVAL Being duly authorized on behalf of the above customer, the undersigned hereby: (1) certifies that the above hours are correct and that the work was performed in a satisfactory manner; (2) confirms prior agreement between Customer with respect to the services performed hereunder and any future services, that (A) Customer shall not entrust A.E.S. inc. employee with unattended premises, cash, negotiable or other valuables or authorize such employees to operate machinery or motor vehicles without prior written permission from A.E.S. inc. in each instance; (B) Insurance does not cover loss damage caused by employees operating Customer's owned or leased motor vehicle(s), and Customer therefore accepts full responsibility for claims, including the defense thereof, as a result of an A.E.S. inc. employee driving such vehicle(s); (C) A.E.S. inc. is not responsible for claims made under its fidelity bond unless such claims are reported in writing to it by Customer within 30 days after occurrence; and (D) Customer shall assume full responsibility for, and indemnify and save A.E.S. inc. harmless from claims and demands arising out of the Occupational Safety and Health Acts as it relates to premises owned or controlled by Customer and to which A.E.S. inc. employees are assigned. It is agreed that A.E.S. inc. is entitled to reasonable collection fees, attorney fees and any other expenses incurred in the collection of all charges in this account.

X

CUSTOMER SIGNATURE

FOR OFFICE USE ONLY						
REG	HOURS	OT	REG	RATE	OT	EXPENSES

WHITE: A.E.S. YELLOW: Employee PINK: Customer